

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-807-018**
APPLICANT(S)

FILING DATE **03-23-04**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7		3				
8		3				
9		3				
10		3				
11		3				
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13		3				
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	24					
TOTAL CLAIMS	27					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						